



Citizen ADA Accommodation Request

Instructions

Individuals with disabilities who wish to participate in City programs, services, or activities and who need an accommodation in order to do so, are encouraged to submit their request for a reasonable accommodation to the City by completing this Citizen ADA Accommodation Request form or by calling 704-920-5100. Please complete this form in its entirety and return it to the City of Concord Human Resources Department using the contact information listed on this form.

If you are unable to complete this form due to a disability or need additional information, please contact the City's ADA Coordinator at 704-920-5100 for assistance.

RETURN FORM TO:

City of Concord
Human Resources Department
Attn: ADA Coordinator
P.O. Box 308
Concord, NC 28025
Phone: 704-920-5100
Email: hrcoc@concordnc.gov

Confidentiality

Information contained on this form will be classified as **CONFIDENTIAL** to the extent permitted by law. Information obtained or generated in the processing of the accommodation request may be released to individuals in City departments or agencies participating in the evaluation or provision of the accommodation requested.

Requestor:

Name: _____

Address: _____

City, State and Zip Code: _____

Contact Number: _____

Email Address: _____

Request is made on behalf of myself: Yes _____ No _____

If this request is being made on behalf of another person, please provide the name of the person on whose behalf the request is being submitted. _____

1. Is the accommodation request related to a City event, program, or accessibility issue?

Yes _____

Event/Program Name: _____

Event/Program Date: _____

Accessibility Issue: _____

No: _____

Please explain:

2. What is the barrier which prevents you from participating or the nature of your request?

3. Describe the specific accommodation that you are requesting:

Signature of Person Completing Request: _____

Printed Name: _____

Date: _____